Desert Precision
Mfg., Inc.

CREDIT APPLICATION

Date: _____

Business Name _____
Business Address _____
City _____ State _____ Zip _____
Business Phone _____ Website _____
Business Fax _____ Email _____

CHECK ONE: ☐ Sole Proprietorship ☐ General Partnership
☐ Limited Partnership ☐ Corporation

If Corporation, Statutory Agent Name _____
Address _____

NAME(S) OF PRINCIPAL(S) TITLE

_____ _____
_____ _____
_____ _____

CONTRACTOR'S LICENSE # _____ STATE SALES TAX # _____
TYPE _____ CITY SALES TAX # _____
BONDING CO. _____ PHONE # _____
AGENT NAME _____
ADDRESS _____

BANK _____ BRANCH _____
ADDRESS _____ PHONE # _____
ACCOUNT # _____

TRADE REFERENCES AND/OR SUPPLIERS

NAME _____ PHONE # _____
ADDRESS _____ FAX # _____
CITY _____ STATE _____

NAME _____ PHONE # _____
ADDRESS _____ FAX # _____
CITY _____ STATE _____

NAME _____ PHONE # _____
ADDRESS _____ FAX # _____
CITY _____ STATE _____

NAME _____ PHONE # _____
ADDRESS _____ FAX # _____
CITY _____ STATE _____

The above information is submitted by the undersigned for the purpose of obtaining credit. The undersigned agrees to pay all invoices within the following terms of sale: (1) Due within 30 days of invoice date; (2) Accounts over 30 days are subject to a late payment charge of 1.5% per month; (3) Purchaser agrees to pay in accordance with the foregoing terms of sale and further agrees to pay all collection costs and attorney's fees necessary to collect past due amounts, as permitted by law.

Company _____ Date _____
By _____ Owner ☐ Partner ☐ Corp. Officer ☐
Title _____

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